

2021 Individual Market – Blue Plus Product Portfolio *(marketed plans)*



In-network cost sharing	Bronze HSA	Silver HSA	Gold
Networks: Blue Plus Minnesota Value Network Blue Plus Metro MN Network Blue Plus Southeast MN Network	Blue Plus Minnesota Value HSA Plan 200/400 Blue Plus Metro MN HSA Plan 258/458 Blue Plus Southeast MN HSA Plan 270/470 \$7,000 single/\$14,000 family deductible 0% coinsurance \$7,000 single/\$14,000 family OOP E-visits: no charge <u>Rx:</u> Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible Tier 4: 0% after deductible	Blue Plus Minnesota Value HSA Plan 201/401 Blue Plus Metro MN HSA Plan 253/453 Blue Plus Southeast MN HSA Plan 271/471 \$4,200 single/\$12,600 family deductible 20% coinsurance \$7,000 single /\$14,000 family OOP E-visits: no charge <u>Rx:</u> Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	Blue Plus Minnesota Value Plan 202/402 Blue Plus Metro MN Plan 254/455 Blue Plus Southeast MN Plan 272/472 \$1,400 single/\$4,200 family deductible 20% coinsurance \$7,200 single /\$14,400 family OOP E-visits: no charge <u>Rx:</u> Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: \$650 copay
	Bronze Copay	Silver Copay	Gold Copay
Network: Blue Plus Minnesota Value Network	Blue Plus Minnesota Value Copay Plan 203/403 \$7,000 single/\$14,000 family deductible 25% coinsurance \$8,550 single /\$17,100 family OOP E-visits: no charge Office visits: First three \$40 copay each <u>Rx:</u> Tier 1: \$20 copay Tier 2: 25% after deductible Tier 3: 50% after deductible Tier 4: 25% after deductible	Blue Plus Minnesota Value Copay Plan 204/404 \$3,200 single/\$9,600 family deductible 20% coinsurance \$8,000 single /\$16,000 family OOP E-visits: no charge General office visits: \$40 copay Specialist office visits: \$80 copay <u>Rx:</u> Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: \$700 copay	Blue Plus Minnesota Value Copay Plan 205/405 \$1,100 single/\$3,300 family deductible 20% coinsurance \$7,500 single /\$15,000 family OOP E-visits: no charge General office visits: \$30 copay Specialist office visits: \$60 copay <u>Rx:</u> Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: \$650 copay

- All plans offered on and off MNsure.
- Plan numbers beginning with a 2 are offered off exchange; plan numbers beginning with a 4 are offered on MNsure.
- Most care accessed outside of Minnesota is covered as out-of-network.
- All plans have embedded deductibles and out-of-pocket maximums.
- BasicRx is the covered drug list; plans use the Essential pharmacy network.

Out-of-network benefits are the same for each plan design:

- \$20,000 single/\$30,000 family deductible
- 50% coinsurance
- Unlimited out-of-pocket maximum
- No out-of-network drug coverage

Each health care provider is an independent contractor and is not our agent. HMO Minnesota, d.b.a. Blue Plus, an affiliate of Blue Cross and Blue Shield of Minnesota.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Network name is the same as the product name.